

CITY OF LANSING INCOME TAX— CORPORATION RETURN

FOR CALENDAR YEAR _____
OR OTHER TAXABLE YEAR BEGINNING _____, _____ ENDING _____, _____

Please Print or Type

Telephone Number _____

Person in Charge of
Records _____

Federal Employer
Identification Number _____

Name _____

Number and Street _____

City or Town _____

State _____

Zip _____

Where Incorporated _____

Date of Incorporation _____

Nature of Business and IRS
Business Activity Code _____

TAXABLE INCOME COMPUTATION

1. Taxable income from Federal Form 1120 (or Line 5 of Schedule S if a Federal Form 1120S was filed), before net operating loss deduction and special deductions. (Attach copy of Federal Form 1120 or 1120S) _____
2. Enter gain or loss from sale or exchange of property included in line 1 _____
3. Result after excluding line 2 from line 1 _____
4. Enter items not deductible under Lansing Income Tax Ordinance (from p. 2, Schedule E, Col. 1, line 5) _____
5. Total—add lines 3 and 4 _____
6. Enter items not taxable under Lansing Income tax Ordinance (from p. 2, Schedule E, Col. 2, line 11) _____
7. Total—line 5 less line 6 _____
8. Amount in line 2 above (after excluding any capital loss carry-over) applicable to taxable period (see instructions) _____
9. Total income—add lines 7 and 8 _____
10. Allocation percentage from p. 2, Schedule D, line 5-if all business was conducted in Lansing or the "separate accounting" method is used, enter 100% on line 10 and DO NOT fill in Schedule D on p.2 _____
11. Total-multiply line 9 by % on line 10 _____
12. Less: Applicable portion of net operating loss carry-over and/or capital loss carry-over (see instructions) _____
13. Total income subject to tax—line 11 less line 12 _____
14. CITY OF LANSING TAX—multiply line 13 by 1% _____

Dollars

Cents

PAYMENTS AND CREDITS

- 15.a. Tax paid with extension request _____
- b. Payments and credits on this years Declaration of Estimated Lansing Income Tax _____
- c. Other Credits—explain in attached statement or schedule _____
16. Total—add lines 15a, b, and c _____

TAX DUE OR REFUND

17. If your tax (line 14) is larger than your payment (line 16) enter BALANCE DUE here _____ 17.
- PAY IN FULL WITH THIS RETURN TO "TREASURER, CITY OF LANSING"- AND MAIL TO:
City Treasurer's Office, P.O. Box 40752, Lansing, MI 48901
18. If line (16) is larger than Line (14) enter OVERPAYMENT here _____ 18.
19. Overpayment Donation; all or any portion of overpayment may be donated to the following funds:
- ☐ Problem Solving _____ 19.a _____
- ☐ HOPE Scholarship _____ 19.b _____
- ☐ Homeless Assistance _____ 19.c _____

Amount to be Refunded _____

20. Amount of overpayment CREDITED to next year's estimated tax _____ 20.
- MAIL RETURNS WITH REFUND OR CREDITS TO: INCOME TAX DIVISION, G-29, 1st Floor-City Hall,
124 W. Michigan Ave., Lansing, MI 48933

- A. Name and address of resident agent in Michigan _____
- B. Is this a consolidated return? _____ YES _____ NO. If yes, list names and addresses of included corporations in an attached statement showing percent owned of voting stock of each corporation. _____
- C. List address of Lansing location(s) if different from address used in filing this return _____
- _____ TOTAL NUMBER OF LOCATIONS _____
- D. Total amount of dividends paid to all stockholders during the taxable period _____

I declare that I have examined this return (including accompanying schedules and statements) and to the best of my knowledge and belief it is true, correct and complete. If prepared by a person other than taxpayer, his/her declaration is based on all information of which he/she has any knowledge.

☐ I authorize City Treasurer's Office to discuss my return with the preparer.

(DATE) (SIGNATURE OF OFFICER) (TITLE)

(DATE) (SIGNATURE OR FIRM SIGNATURE OF PREPARER) (TITLE)

If balance due on return exceeds \$250, penalties and interest may be assessed.

BUSINESS ALLOCATION FORMULA—SCHEDULE D

	Located everywhere I	Located in Lansing II	Percentage II ÷ I
1. Average net book value of real and tangible personal property _____	\$ _____	\$ _____	
a. Gross annual rentals of real property multiplied by 8 _____			
b. TOTAL (add lines 1 and 1a) _____			%
2. Total wages, salaries, commissions and other compensation of all employees _____			%
3. Gross revenue from sales made or services rendered _____			%
4. Total percentages—add the three percentages computed from lines 1b, 2 and 3 which you entered in the last column (you must compute a percentage for each of lines 1b, 2 and 3) _____			%
5. Average percentage (one third of line 4)—enter here and on Pg. 1, line 10 _____ (round to no more than five (5) decimal places)			%

In determining the average percentage (line 5), a factor shall be excluded from the computation only when such factor does not exist anywhere insofar as the taxpayer's business operation is concerned and, in such cases the sum of the percentages shall be divided by the number of factors actually used.

In the case of a taxpayer authorized by the Income Tax Administrator to use one of the special formulas, attach explanation and use the lines provided below:

- a. Numerator _____ b. Denominator _____
- c. Percentage (a ÷ b) . . . enter here and on Schedule I, Col. 4 above. d. Date of City Treasurer's approval letter _____
(round to no more than five (5) decimal places)

SCHEDULE E

Schedule E is used to adjust the income reported on Page 1 on Line 1 to give effect to the requirements of the Lansing Income Tax Ordinance. The period of time used to compute items for Schedule E must be the same as the time period used to report income on Line 1. Schedule E entries are allowed only to the extent directly related to net income as shown on Line 1 on Page 1.

COLUMN 1

Add—Items not Deductible

1. Adjustment to income relating to prior periods (See instructions) _____ \$ _____
2. All expenses (including interest) incurred in connection with derivation income not subject to Lansing income tax _____
3. Lansing income tax paid or accrued _____
4. Other (submit schedule) _____

5. Total additions (enter on Pg. 1, line 4) _____

COLUMN 2

Deduct—Items not Taxable and Allowable

6. Interest from governmental obligations \$ _____
7. Dividends received deduction (exclude dividends in line 6 above) _____
8. Foreign tax credit _____
9. Other (submit schedule) _____
10. New jobs credit _____

11. Total deductions (enter on Pg. 1, line 6) _____

SCHEDULE S

Schedule S is used by Federal Subchapter S corporations to reconcile the amount reported on line 1 page 1 of the L1120 Return with Federal Form 1120S and Schedule K of Federal Form 1120S. You must attach a copy of Federal Form 1120S and Schedule K of Federal Form 1120S.

1. Ordinary Income (loss) from trade or business (per Federal 1120S) _____ \$ _____
2. Income (loss) per Schedule K, Federal Form 1120S, Lines 2 through 5 _____
3. Total Income (loss) — add lines 1 and 2 _____ Subtotal \$ _____
4. Deductions per Schedule K, Federal Form 1120S _____
5. Taxable Income (loss) Before net operating loss—subtract line 4 from line 3, enter on line 1 of L1120 return _____